City of Detroit

OFFICE OF THE AUDITOR GENERAL

Audit of the Detroit Fire Department Emergency Medical Service Division's Response Time

February 2004

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MEMORANDUM

DATE: September 17, 2004

TO: Honorable City Council

FROM: Joseph L. Harris
Auditor General

C: Mayor Kwame M. Kilpatrick

RE: Audit of the Fire Department - Emergency Medical Services Division's Response Time

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Attached for your review is our report on the audit of the Fire Department – Emergency Medical Services Division's Response Time.

This report contains our audit purpose, objectives, scope, and methodology; background; industry practices; findings and recommendations; glossary of terms; and the Fire Department's response.

We would like to thank the employees of the Fire Department and the 9-1-1 Operations personnel at Police Headquarters for their assistance.

Audit of the Fire Department - Emergency Medical Services Division's Response Time

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AUDIT PURPOSE, OBJECTIVES, SCOPE, AND METHODOLOGY

Audit Purpose

This audit of the Detroit Fire Department - Emergency Medical Services Division's (EMS) response time was initiated by the Office of the Auditor General (OAG) to determine the extent to which the EMS Division is meeting its targeted goal of responding to medical emergencies in less than 9 minutes.

Audit Objectives

The overall audit objectives were to determine the EMS Division's average response time to 9-1-1 calls; to identify and evaluate the components of its response time; and to make recommendations to improve that time based on common emergency medical services industry standards.

Audit Scope

Our audit focused on the EMS Division's medical runs during the period between July 1, 2002 and December 31, 2003. Our audit was limited to a high-level process review and the run file produced by the computer-aided dispatch (CAD) system for the period. The run file is a record of the time at certain key milestones throughout the EMS call. The time is recorded by a technician pressing a button or by a radio call to the EMS dispatcher. Approximately 6% of the entries in the run file report were excluded from portions of our analysis due to incomplete run data.

Our audit was conducted in accordance with Governmental Auditing Standards issued by the Comptroller General of the United States, except for the completion of an external quality control review of the Office of the Auditor General within the last three years.

Audit Methodology

To accomplish our audit objectives, we performed the following:

- Reviewed EMS' budget, organization chart, website, standard operating procedures, and other information deemed necessary;
- Interviewed EMS Division and 9-1-1 operations management and staff;
- Reviewed EMS Division staffing records for the period January 2003 through December 2003;
- Reviewed and analyzed CAD response time data;
- Observed the Police 9-1-1 operations area and the Fire Department dispatch area; and
- Obtained benchmark data for other U.S. cities from the *Journal of Emergency Medical Services*.

BACKGROUND

The primary responsibility of the Detroit Fire Department - EMS Division is to provide pre-hospital medical service and hospital transportation for the sick and injured. The Division is also charged with conducting training programs for Emergency Medical Services technicians and Detroit residents in cardiopulmonary resuscitation (CPR) techniques.

EMS Division goals include decreasing EMS unit response time; insuring that Police, Fire and EMS personnel receive specific training courses recognized by the American Heart Association and Red Cross; establishing ample personnel coverage on scenes of life-threatening emergencies; and maximizing revenue recovery.

The 2003-2004 EMS Division budget included 344 personnel: 26 in administration, 315 in field operations, and three at the training academy. Budgeted revenues were $8.2 million, while appropriations were $25.9 million.

The Division has established a target response time that is lower than industry standards for Advanced Life Support (ALS) response. In addition, the Division is utilizing a broad, and thus long, definition of response time – Citizen Response Time – in setting its goals. The EMS Division has increased the number of EMS personnel that are ALS (paramedic) certified. Currently, each EMS unit that is dispatched is staffed with a paramedic and a Basic Life Support (BLS) certified technician.

The EMS staff interviewed made special mention of the excellent condition and maintenance of their vehicles. They said that every staff person assigned to a vehicle has received equipment that is the latest technology. In April 2000, City of Detroit EMS Division paramedics captured first place honors in the ALS skills competition at a State EMS exposition. Seventeen emergency medical teams from throughout Michigan competed in the event.

The primary cause of the City's relatively high response time is the lengthy dispatch time. Another is the City's failure to implement a First Responder program. Detroit is unique among the major U.S. cities in that the Fire Department's fire fighters do not function as First Responders. Although the Department has been exploring the implementation of this program for many years, current union contracts prevent its implementation. In addition, the reduction in the number of emergency rooms within the City has resulted in EMS units having to travel further to reach an emergency room, which adds time on to each run.

To overcome this obstacle and to meet it goals to reduce response time with existing resources, in January 2003, the Division increased the number of units on duty to 25, 24 hours per day. The Division divided the city into four sectors, and split the day into two 12-hour shifts. The EMS Division had previously used eight different start times. In addition, the City bought four Echo (or rapid response) units to rush paramedics and supplies to major emergencies.

EMERGENCY MEDICAL SERVICES INDUSTRY PRACTICES

The American Heart Association reports that if the brain is deprived of oxygen, brain cells will begin to die within four to six minutes. For this reason, it is imperative to begin resuscitation measures as soon as possible. Thus, the ultimate response time is less than four minutes. A response time in this range has been determined to be unattainable and cost prohibitive in most cities. Detroit and many other cities have established response time standards in the eight to nine minute range.

One of the difficulties in comparing EMS response times among cities is the lack of an industry-wide standard definition of response time. The *Journal of Emergency Medical Services'* (*JEMS*) 2002 200-City Survey[1] reports the following usage of start and end times in response time definition:

Response Time Clock Starts	
When the public safety answering point (PSAP) answers the phone	23%
When the location, call-back number, or complaint is received	14%
When the unit is dispatched	58%
When the unit reports en route	4%

Response Time Clock Ends	
When any first unit arrives on scene	68%
When first BLS unit arrives on scene	21%
When first ALS unit arrives on scene	10%
When a provider arrives at patient's side	1%

The time between when the public safety answering point (PSAP) answers the phone and when the first unit arrives on the scene is commonly referred to as the Citizen Response Time. The National Fire Protection Association (NFPA) breaks the Citizen Response Time down into three component parts – dispatch, turnout, and response – and assigns time standards to each component for First Responders and ALS Companies. While the standards for both response groups allow one minute for dispatch (call received to notification), and one minute for turnout (notification to en route), the additional time allowed to respond varies. First Responders are expected to arrive at the scene in four minutes, while ALS responders are expected to arrive in eight minutes. Accordingly, the Citizen Response Time for First Responders should be 6 minutes and 10 minutes for ALS units.

[1] While most of the statistics listed in the annual *JEM's* 200 City Surveys are updated annually, the 2003 report did not contain statistics on the percentage of cities using the various Response Time Clock Start and End points. Therefore, the statistics from the 2002 survey are included in this report.

The steps in the EMS Division's call taking and response process are matched to the NFPA response time components in the following chart:

Steps in a Detroit EMS Call	Component Units	NFPA's Response Time	Citizen Response Time	Ambulance Usage
Medical event occurs. 9-1-1 is called. An Emergency Services Operator (ESO) answers all 9-1-1 calls, whether for Police, Fire or EMS.	Reported Time	Dispatch Time	Citizen Response Time	
The ESO uses CAD software and a medical priority triage card system to gather information from the person calling before sending the call electronically to a Supervisor in the Fire Department Communications Division.	Routed Time			
The Supervisor reviews the request and sends it to one of two EMS Dispatchers.				
The EMS Dispatcher sends the run information to the nearest available EMS unit by printer and/or telephone in quarters, mobile data terminal and/or mobile radio in vehicles, or by portable radio if personnel are out of their vehicle.	Dispatch Time	Turnout Time		
The medic acknowledges the call.	Acknowledge Time			
The medic leaves en route to the scene.	En Route Time	Response Time		Length of call (EMS unit)
Occasionally, the EMS unit will arrive near the scene but cannot proceed due to a Police situation.	In-Position Time			
The EMS unit arrives at the scene.	On-Scene Time			
The EMS unit is en route to the hospital.	In-Transit to Hospital			
The EMS unit arrives at the hospital.	At Hospital			
The EMS unit is back in service.	In Service			

Another factor affecting the comparability of cities' response times is the common practice of cutting runs with unfavorable response times from the overall run record in order to reduce the calculated or reported reponse times. In municipalities that contract with private EMS providers to respond within a maximum time, some contracts allow the provider to exclude responses made in poor weather or when heavy traffic conditions are encountered. This practice leads to a favorably skewed response time for that city.

First Response	Transport	Percentage
BLS	BLS	8%
BLS	ALS	44%
ALS	BLS	5%
ALS	ALS	43%

In an effort to reduce response times, most cities have implemented a two-tiered response and transport system. Initial response is made by a First Responder, while transport (ambulance) is customarily provided by an ALS unit. An article in the May 2001 *JEMS* lists BLS or ALS trained police officers, BLS or ALS trained engine companies, quick cars, and medics on motorcycles as examples of First Responders. Examples of those providing the transport component of the system are public or private ALS, single or dual role fire personnel, and volunteer squad transport. *JEMS* estimates that, considering all the various providers, there could be over 80 different EMS delivery system configurations. The adjacent chart shows the usual responder types as reported in *JEMS*' 2003 200-City Survey.

The actual configurations of the EMS response and tranport function for several of the most populous U.S. cities are shown in the table below. The third and fourth columns indicate the provider of First Response and EMS Transport services in that city. The *JEMS*' 2003 200-City Survey indicates that Detroit is the only major city without a First Responder program. The next largest city that reports no First Responder provider is number 63, Newark, New Jersey, with a population of 277,700.

- Fire Department – Multiple Role – Fire Department personnel provide First Response, EMS transport and fire fighting services.
- Fire Department – Single Role – A division of the Fire Department provides only EMS services and transportation. Members of this division do not serve as fire fighters.
- Public Utility Model – A quasi-government authority, which owns all the equipment and does the billing, provides EMS transport services. The human resource component is contracted to a private company.
- Third Service Agency – Another agency, such as the health or hospital department of the city, provides EMS transport services.

Population Rank	City	Provider of First Response Services	Provider of EMS Transport Services
1	New York	Fire Dept – Multi-Role	Fire Dept - Single Role
2	Los Angeles	Fire Dept – Multi-Role	Fire Dept – Multi-Role
3	Chicago	Fire Dept – Multi-Role	Fire Dept - Single Role
4	Houston	Fire Dept – Multi-Role	Fire Dept – Multi-Role
5	Philadelphia	Fire Dept – Multi-Role	Fire Dept - Single Role
10	Detroit	None	Fire Dept - Single Role
15	Columbus	Fire Dept – Multi-Role	Fire Dept – Multi-Role
20	Boston	Fire Dept – Multi-Role	Third Service Agency
23	Washington D.C.	Fire Dept – Multi-Role	Fire Dept – Multi-Role
34	Cleveland	Fire Dept – Multi-Role	Third Service Agency
37	Kansas City	Fire Dept – Multi-Role	Public Utility Model
54	Pittsburgh	Fire Dept –Single Role	Third Service Agency

Another area affecting response time is the number of calls that are received by the 9-1-1 system, and the number of those calls that are responded to. The chart on the left shows the average number of responses and transports by population, as reported by *JEMS* in its 2003 200-City Survey.

Population of City	Average Responses	Average Transports	% Transported
700,000 – 1 million	70,907	38,898	55%
> 1 million	169,226	138,371	82%

It is not uncommon for 9-1-1 operators to receive non-emergency calls. *JEMS'* 2003 200-City Survey reports that most cities dispatch emergency responders to all 9-1-1 calls that are received. The chart on the right shows the types of calls to which cities are dispatching emergency responders.

Dispatch of Initial Responders	Percentage
All 9-1-1 calls	51%
All calls that appear life-threatening	25%
Specified emergencies only	22%
Non-emergency assessments	2%

FINDINGS AND RECOMMENDATIONS

1. Decrease Dispatch Time to Achieve the NFPA One-Minute Standard

The EMS Division has not met its target average Citizen Response Time of 8 minutes, 59 seconds. The average Citizen Response Time for the period July 1, 2002 to December 31, 2002 was 12 minutes, 46 seconds[2]. The average Citizen Response Time for the period January 1, 2003 to December 31, 2003 was 11 minutes, 16 seconds[2].

Our calculation of the average Citizen Response Time, and the components thereof was based on a computer-generated file containing records of each EMS run. The run file contains the time entered at certain key milestones throughout the EMS call. The time is recorded by a technician pressing a button in the EMS unit or by a radio call to the EMS dispatcher. Approximately 6% of the entries in the run file report were excluded from portions of our analysis due to missing milestone data.

	Dispatch Time	Turnout Time	Response Time	Citizen Response Time	Difference Between Actual & Target
NFPA Standard for BLS units	1:00	1:00	4:00	6:00	
JEMS' 2003 200-City Survey Average Response Time Goal for Transport Services				8:32	
Detroit's Target Citizen Response Time	-	-	-	8:59	
NFPA Standard for ALS units	1:00	1:00	8:00	10:00	
Average of 62,166 EMS runs 07/01/02 - 12/31/02	4:37	1:05	8:05	12:46	3:47
Average of 122,865 EMS runs 01/01/03 - 12/31/03	4:11	1:19	7:40	11:16	2:17

The variation in the number of records used in the calculation of each component results in averages that will not sum to the average Citizen Response Time.

Detroit's average response time is higher than its target due to the length of time taken to dispatch a call. The call for EMS service is filtered through two levels of emergency operators before the call is dispatched to an EMS unit. The 9-1-1 operator determines whether the call is for "Fire" service and transfers it to Fire Communications, which determines that it is an EMS call, and transfers the call to the EMS dispatcher. The City's outdated communications equipment, allowing only one user to communicate at a time on the radio, can also negatively impact the dispatch time.

A high response time to citizens' calls for medical attention can lead to preventable lost lives and needless medical problems.

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[2] For runs indicating an "In-Position Time" – the EMS unit arrived at the scene but was unable to proceed due to a Police situation – the "In-Position Time" was used in the calculation of Citizen Response Time rather than the "On-Scene Time."

NFPA establishes a target length of time for dispatch, turnout, and response time for both BLS and ALS EMS units. The target dispatch and turnout times are the same for both response unit types – a one minute target for the call to be dispatched and a one minute target for the unit to be en-route. NFPA's target response time varies for BLS and ALS units, which yields a targeted Citizen Response Time of 6 minutes for BLS units and 10 minutes for ALS units. The EMS Division's target Citizen Response Time is 8 minutes, 59 seconds, which is within the industry standards for First Response and ALS transport units established by the NFPA.

We recommend that EMS management take steps to reduce its Dispatch Time to the one minute standard established by the NFPA.

2. Implement Reorganization Plan to Reduce EMS Response Time

The January 2003 EMS Division reorganization plan, intended to reduce EMS response time, has not been fully implemented. The City has started staffing EMS operations using two twelve-hour shifts as planned.

However, we found that:

- There was an average of 25 units, including both the EMS and Echo units, in service between January 1, 2003 and December 31, 2003;
- The Echo units were not placed into service until late in the year; and
- The City has been divided into sectors for supervisors, but EMS units are asked to cross into other sectors to respond to 9-1-1 calls.

The Fire Commissioner indicated that the law requires the EMS dispatchers to assign the next available EMS unit to the next open call, regardless of the City sector.

We noted that the Citizen Response Time did decrease in 2003 compared to 2002, but it is still higher than the City's targeted goal. A high response time to citizens' calls for medical attention can lead to preventable lost lives and needless medical problems.

The City's reorganization plan provides for 25 EMS and four Echo units, with paramedics, to be staffed 24 hours per day and for units to be assigned to City sectors to better respond to EMS calls and to increase supervision of the units.

We recommend that all 25 EMS units plus the four Echo units be fully staffed and assigned to sectors as necessary to reduce EMS unit response time.

3. Reduce Ambulance Usage to Provide Cost Effective and Responsive Service

Detroit's unit-hour utilization (UHU)[3], a measure of ambulance usage, was 0.62 for the period July 1, 2002 to December 31, 2002. Detroit's UHU was 0.48 for the period January 1, 2003 to December 31, 2003.

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[3] Unit-hour utilization (UHU) = $\frac{\text{(Annual number of EMS runs x Average length of call)}}{\text{(Average number of EMS units available x 8,760 hours)}}$

Period	Annualized Number of Runs	Average Length of EMS Run	Average # of EMS Units	UHU
07/01/02 – 12/31/02	124,354	54 min. 58 sec.	21	0.62
01/01/03 – 12/31/03	122,865	50 min. 12 sec.	25	0.48

Public EMS systems with a UHU in the 0.33 to 0.42 range are perceived as being reasonably balanced between cost-effectiveness and response times.

The principal cause of Detroit's high UHU is its high ambulance workload. Detroit's EMS units spend a long time on each run, and service a high number of calls. The Fire Commissioner indicated that several factors impacting the length of time spent on each call are outside EMS' control. These include the increased travel time necessary to reach the decreased number of emergency rooms within the City, and the amount of time spent at the emergency room transferring the patient from EMS' to a medical professional's care. A decrease in the number of requests for service or an increase in the number of units available to respond to calls would decrease the UHU as well.

High volume EMS systems, operating at 0.5 and above, are perceived as running the risk of having frequent instances of lengthy response times. A low UHU is generally desired in public sector EMS systems, as public sector systems usually only respond to emergency calls, and must be stationed and prepared for the next call.

We recommend that the EMS Division reduce its UHU by collaborating with emergency room providers to reduce the time spent transferring patients from EMS to the medical professional's care, and by increasing the number of EMS units available to respond to calls.

4. Update Communications System to Provide Necessary EMS Capabilities

Currently, there are two EMS dispatchers and approximately 25 EMS units in service at all times. The radio system used by the EMS Division does not allow multiple parties to converse at the same time. If one of the dispatchers is talking with an EMS unit, all others must wait to communicate.

EMS units should radio in when they are at various milestones during their run. If the radio is busy, they are unable to report their progress. Adding additional EMS units and four Echo units to the system will increase the required communications traffic on an already over-stressed system.

Effective communication via radio, cell phones, or other means should exist between dispatchers and EMS units. Units must be able to communicate with their dispatcher, other public safety personnel, and medical facilities as needed.

We recommend that the City purchase upgraded public safety communication systems, such as radio systems or cell phones, that will allow multiple parties to communicate at the same time. Common radio frequencies and equipment need to be in place so that public safety resources can communicate with each other.

5. Actively Pursue the Use of Fire Fighters as First Responders

Detroit has not implemented a multi-tier response and transport system for EMS services. Detroit is the largest of the major U.S. cities not using such a system to provide quicker response to citizens' emergency calls.

The Detroit Fire Fighters' union contract does not allow fire fighters to be First Responders.

An effective multi-tier response and transport system ensures that basic life support arrives at the emergency scene within minutes. Trained personnel, arriving before the transport unit, are able to administer life-saving procedures such as CPR and defibrillation.

JEMS' 2003 200-City Survey reports that fire department – multi-role personnel handle 98% of first response in the 200 most populous U.S. cities.

We recommend that the City of Detroit actively pursue the use of fire fighters as First Responders to EMS calls.

6. Educate the Public On the Proper Usage of 9-1-1 and the 3-1-1 Non-Emergency Alternative

The City, which receives many non-emergency medical calls to the 9-1-1 system, dispatches an EMS unit to every call. While calls are prioritized based on the severity of the situation, even a call for a minor medical problem, such as a nosebleed, will result in an EMS unit being dispatched.

EMS personnel report that the policy to dispatch to every call is due to the threat of a lawsuit if a unit is not dispatched based on the criteria supplied by the caller.

Sending an EMS unit to respond to a non-emergency call prevents the unit from being available to service a higher priority call, adds excessive wear and tear on vehicles and staff, and can increase the City's overall response time.

EMS units should be utilized to respond to medical emergencies and for transporting patients to hospitals. Good EMS practice requires a knowledgeable Emergency Services Operator (ESO), with predetermined guidelines and operating procedures, to "screen" calls that may not require an EMS unit to respond or provide emergency transportation. Non-emergency calls should be targeted to an alternative responder.

We recommend that the Fire Department undertake a public awareness campaign to educate the public on the proper usage of the 9-1-1 and 3-1-1 systems. Community leaders, such as the Mayor and City Council members, could stress the importance of using 9-1-1, especially for EMS services, for life threatening health emergencies only, while 3-1-1 should be used for all other calls.

APPENDIX – GLOSSARY

ALS	Advanced Life Support – Definitive emergency medical care that includes defibrillation, airway management, and use of drugs and medications.
BLS	Basic Life Support – Emergency cardiopulmonary resuscitation, control of bleeding, treatment of shock, acidosis, and poisoning, stabilization of injuries and wounds, and basic first aid.
Citizen Response Time	The length of time from when a call is placed to 9-1-1, until the time an EMS unit arrives at the scene. See Citizen Response Time with In-Position Time.
Citizen Response Time with In-Position Time	The Citizen Response Time adjusted if there is an In-Position Time recorded. An In-Position Time is recorded if the EMS unit arrives at or near the scene but cannot proceed unless Police are present.
CAD	Computer Aided Dispatch system
CPR	Cardiopulmonary Resuscitation
Dispatch Time	The actual elapsed time from when a call is placed to 9-1-1 until the time the EMS dispatcher actually dispatches the call to an EMS unit.
Echo Units	EMS strategic units that provide rapid deployment of medical resources, additional manpower on scenes of life-threatening emergencies and are able to cancel ambulance response prior to arrival when the ambulance is determined not to be needed.
EMS	Emergency Medical Services – a system of care for victims of sudden and serious illness or injury.
First Responder	Any person, fire department, vehicle, police vehicle, or other vehicle not normally used for purposes of patient transport, but which vehicle and on-board personnel are capable of providing basic life support services in medical emergencies.
NFPA	National Fire Protection Association
PSAP	Public Safety Answering Point
Routed Time	The length of time from when a call is placed to 9-1-1 until the 9-1-1 operator routes the call to an EMS dispatcher. This is the amount of time the 9-1-1 operator is on the phone with the caller.
Response Time	The actual elapsed time from when an EMS unit is en route to the scene of an incident until it is in-position or actually arrives at the scene. This could also be called the travel time or the drive time of the EMS unit.
Turnout Time	The actual elapsed time from when the call is dispatched until the time the EMS unit is en route to the scene.

CITY OF DETROIT
FIRE DEPARTMENT

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ATTACHMENT A

August 31, 2004

Joseph L. Harris, Auditor General
Office of the Auditor General
2 Woodward Avenue
Coleman A. Young Municipal Center, Room 208
Detroit, Michigan 48226

Dear Mr. Harris,

The following presents the Fire Department – Emergency Medical Services Division's response for the indicated findings and related recommendations in the February 2004 audit of the EMS Response Time, as prepared by the Office of the Auditor General.

Finding No. 1. Decrease Dispatch Time to Achieve the NFPA One Minute Standard

We recommend that EMS management take steps to reduce its Dispatch Time to the one minute standard established by the NFPA.

Department's Response:

Communications (9-1-1/dispatch) are not under the control of EMS management.

Finding No. 2. Implement Plan to Reduce EMS Response Time

We recommend that all 25 EMS units plus the four Echo units be staffed, and that the City be sectored off to reduce EMS unit response time.

Department's Response:

A) The EMS Division advises that thirty-two (32) full time equivalents is the necessary number to achieve an 8-minute, 59-second response time on the 90th Percentile.

B) Sectoring has been completed, however the hospital locations, waiting time for patient transfer at the hospital and the need to send the closest available unit still exists.

Finding No. 3. Reduce Ambulance Usage to Provide Cost Effective and Responsive Service

We recommend that the EMS Division reduce its UHU by shortening the length of time spent on each call, by increasing the number of EMS units available to respond to calls, and by decreasing the number of runs requiring a response by an EMS unit.

Department's Response:

A) Same as 2-A above.

B) Previous proposals (Taxi Cab referral, 3-1-1 matrix and public education campaign) to reduce demand have been turned down or not implemented.

Finding No. 4. Update Communications System to Provide Necessary EMS Capabilities

We recommend that the City purchase upgraded public safety communication systems such as radio systems or cell phones that will allow multiple parties to communicate at the same time. Common radio frequencies and equipment need to be in place so that public safety resources can communicate with each other.

Department's Response:

The Detroit Fire Department anticipates the installation of a new accurate, computer aided dispatch (CAD) system that will improve all aspects of communications. Thus is what we have learned to expect from the 800 MHz system and its suggested components .

Finding No. 5. Actively Pursue the Use of Fire Fighters as First Responders

We recommend that the City of Detroit actively pursue the use of fire fighters as first responders to EMS calls.

Department's Response:

The Fire Fighters previously turned it down when in contract negotiations. Training and extra pay was offered.

Finding No. 6. Educate the Public on the Proper Usage of 9-1-1 and the 3-1-1 Non-Emergency Alternate

We recommend that the Fire Department undertake a public awareness campaign to educate the public on the proper usage of the 9-1-1 and 3-1-1 systems. Community leaders, such as the Mayor and City Council members, could stress the importance of using 9-1-1, especially for EMS services, for life threatening health emergencies only, while 3-1-1 should be used for other calls.

Department's Response:

Previous public awareness campaigns were not funded. The Cable Commission could be utilized as a resource.

Sincerely,

TYRONE C. SCOTT
Executive Fire Commissioner

TCS:dw